

## Quality Assurance Surveillance Plan (QASP)

### Outpatient Site of Care Service

The contractor shall be evaluated in accordance with the following:

#### 1. PURPOSE

This Quality Assurance Surveillance Plan (QASP) provides a systematic method to evaluate performance for the stated contract. This QASP explains the following:

- What will be monitored.
- How monitoring will take place.
- Who will conduct the monitoring.
- How monitoring efforts and results will be documented.

This QASP does not detail how the contractor accomplishes the work. Rather, the QASP is created with the premise that the contractor is responsible for management and quality control actions to meet the terms of the contract. It is the Government's responsibility to be objective, fair, and consistent in evaluating performance.

This QASP is a "living document" and the Government may review and revise it on a regular basis. However, the Government shall coordinate changes with the contractor **through contract modification**. Copies of the original QASP and revisions shall be provided to the contractor and Government officials implementing surveillance activities.

#### 2. GOVERNMENT ROLES AND RESPONSIBILITIES

The following personnel shall oversee and coordinate surveillance activities.

a. Contracting Officer (CO) – The CO shall ensure performance of all necessary actions for effective contracting, ensure compliance with the contract terms, and shall safeguard the interests of the United States in the contractual relationship. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment under this contract. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance.

Assigned CO: **Leigh Ann Nunn**, 750 NE13th Street 2<sup>ND</sup> floor , Oklahoma City, OK 73104 (90C) (405) 456-5113, Leigh.nunn2@va.gov

Organization or Agency: Department of Veterans Affairs (Contracting Office)

b. Contracting Officer's Representative (COR) – The COR is responsible for technical administration of the contract and shall assure proper Government surveillance of the contractor's performance. The COR shall keep a quality assurance file. The COR is not empowered to make any contractual commitments or to authorize any contractual changes on the Government's behalf.

Assigned COR: **Scott Craft**, Phone 918-577-5401 1011 Honor Heights Drive, Muskogee OK 74401

#### 3. Contractor Representatives

The following employee(s) of the contractor serve as the contractor's program manager(s) for this contract.

Primary: To be entered by the contractor

Alternate: To be entered by the contractor

#### **4. PERFORMANCE STANDARDS**

**The contractor is responsible for performance of ALL terms and conditions of the contract.** CORs will provide contract progress reports quarterly to the CO reflecting performance on this plan and all other aspects of the resultant contract. The performance standards outlined in this QASP shall be used to determine the level of contractor performance in the elements defined.

Performance standards define desired services. The Government performs surveillance to determine the level of Contractor performance to these standards.

The Performance Requirements are listed below in Section 6. The Government shall use these standards to determine contractor performance and shall compare contractor performance to the standard and assign a rating. At the end of the performance period, these ratings will be used, in part, to establish the past performance of the contractor on the contract.

#### **5. METHODS OF QA SURVEILLANCE**

Various methods exist to monitor performance. The COR shall use the surveillance methods listed below in the administration of this QASP.

- a. **DIRECT OBSERVATION.** 100% surveillance: (if this method is used, define how surveillance will be accomplished.)
- b. **PERIODIC INSPECTION.** Inspections scheduled and reported quarterly per COR delegation or as needed. (Define what and how often it will be inspected. For example, ten (10) randomly selected patient files will be reviewed per inspection period. All inspections and reports will be conducted in compliance with VA Privacy and Information security standards.)
- c. **VALIDATED USER/CUSTOMER COMPLAINTS.** If this method is used, explain how data will be collected and reported.
- d. **RANDOM SAMPLING.** If this method is used, define what and how often it will be sampled. (For example, ten (10) randomly selected patient files will be reviewed per quarter. All reviews and reports will be conducted in compliance with VA Privacy and Information security standards.)
- e. **Verification and/or documentation provided by Contractor.** Review PWS and if this method of surveillance is selected, define how documentation will be verified and how assessment will be conducted.

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
<b>CLINICAL REMINDERS</b>	4.7.1.	<p>VISTA/CPRS will automatically remind providers to complete the following clinical reminders during patients visits:</p> <ul style="list-style-type: none"> <li>-Alcohol Use Screen</li> <li>-Positive AUDIT-C Needs Evaluation</li> <li>-Depression Screening</li> <li>-Evaluation of positive PTSD</li> <li>-Tobacco Counseling by provider FY XX</li> <li>-Tobacco Counseling FY XX</li> <li>-Iraq and Afghanistan Post-Deployment Screening</li> <li>-TBI Screening</li> <li>-Influenza Immunization</li> <li>-Pneumovax</li> <li>-Colorectal Ca Screening</li> <li>-FOBT Positive F/U</li> <li>-Diabetes Eye Exam</li> <li>-Diabetes Foot Exam</li> <li>-Mammogram Screening</li> <li>-Pap Smear Screening</li> </ul>	100% Proper documentation and completion of all clinical reminders as they appear during a patient's visit	90% completion of clinical reminders each month.	Random Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system. VA will monitor progress weekly thru automated reports (3 randomly selected patient files will be reviewed per week,EPRP Reviews, Clinical Reminder Reports). VA will send these weekly reports to the contractor to notify them to their current performance.	Satisfactory or better past performance	<p>Negative Past Performance, Failure to meet VA performance measures shall result in the following deductions:</p> <p>85%-89.9%: A disincentive equaling 5% of that month's invoice when the AQL was not met. Past Performance rating of Marginal may be assigned</p> <p>80%-84.9%: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.</p> <p>79.9% and below: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.</p>

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
<b>NEW PC PATIENT WAIT TIME (PC 11)</b>	<b>4.7.2</b>	New PC Patient Wait Time	The Contractor shall schedule routine new patient appointments within thirty (30) calendar days of Primary Care request	86% monthly; New PC appointments completed no later than 30 days of requested date.	Monthly; VHA SAIL Report <a href="http://reports2.vssc.med.va.gov/reportserver?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&amp;rs:Command=Render">http://reports2.vssc.med.va.gov/reportserver?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&amp;rs:Command=Render</a> , Periodic Sampling VA will monitor 10 randomly selected patient files will be reviewed per quarter using Electronic report using data from VA VISTA/CPRS system	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures shall result in the following deductions: 80%-85.9%: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal may be assigned. 75%-79.9%: A disincentive equaling 15% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.
<b>ESTABLISHED PC PATIENT WAIT TIME (PC12)</b>	<b>4.7.3.</b>	Established PC Prospective Wait Time	The Contractor shall schedule routine new patient appointments within thirty (30) calendar days of Primary Care request.	94% completion of established primary care appointments no later than 30 days of requested date.	VHA SAIL Report <a href="http://reports2.vssc.med.va.gov/reportserver?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&amp;rs:Command=Render">http://reports2.vssc.med.va.gov/reportserver?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&amp;rs:Command=Render</a> , Periodic Inspection audit of VHA Performance Measure Report and PACT Dashboard VA will monitor and report progress Quarterly (non-cumulative)	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in the following deductions: Past Performance Rating of Marginal or Unsatisfactory may be assigned if AQL is not met
<b>SAME DAY APPOINTMENTS WITH PRIMARY CARE PROVIDER (PCP) [PACT 7]</b>	<b>4.7.4</b>	Same day appointments provided with PCP	70% completion of same day primary care appointments with PCP	48% completion of same day primary care appointments with PCP	Periodic Inspection audit of VHA Performance Measure Report and PACT Dashboard VA will monitor and report progress Quarterly (non-cumulative)	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in the following deductions: Past Performance Rating of Marginal or Unsatisfactory may be assigned if AQL is not met.

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
<b>CLINICAL ENCOUNTERS</b>	4.7.5	Providers must complete proper documentation for each patient visit.	100% Documentation must be complete for all fields including whether or not the patient is service connected. The CPT and provider codes must match and codes must accurately reflect complexity of visit. Complete documentation must be completed before the 18th of each month.	99.9% completion of clinical encounters each month.	Random Sampling (auditing) VA will monitor using Electronic report using data from VA VISTA/CPRS system. VA will monitor progress weekly thru automated reports. VA will send these weekly reports to the contractor to notify them to their current performance.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures shall result in the following deductions: 90%-99.9%: A disincentive equaling 5% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal may be assigned. 80%-89.9%: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned. 79.9% and below: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.
<b>PHARMACY</b>	4.7.6.	Contractor shall submit a non-formulary and restricted drug request in CPRS using the PBM consult option.	100% (zero disapproval ratings for non-formulary and restricted drug requests quarterly).	90%(no more than 10% disapproval ratings for non-formulary and restricted drug requests quarterly).	Random Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system VA will monitor progress monthly thru automated reports. VA will send these monthly status reports to the contractor to notify them to their current performance.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures shall result in the following deductions: 89.9% (more than 10!% disapproval ratings for non-formulary and restricted drug requests quarterly). A disincentive equaling 10%of the quarter's invoices when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.

<b>TASK</b>	<b>PWS Reference</b>	<b>Indicator</b>	<b>Standard</b>	<b>Acceptable Quality Level</b>	<b>Method of Surveillance</b>	<b>Incentives</b>	<b>Disincentives/ (Deducts)</b>
<b>PHARMACY NEW DRUG ORDER REQUESTS</b>	<b>4.7.7</b>	Contractor shall submit new drug orders through CPRS to VA	100% The contractor shall ensure that all new drug order requests follow all GLA prescribing guidelines. This is including but not limited to ensuring all appropriate labs have been previously ordered and that the order is not a non-formulary drug	95% of new drug order requests follow all GLA prescribing guidelines. This is including but not limited to ensuring all appropriate labs have been previously ordered and that the order is not a non-formulary drug	Random Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system VA will monitor progress quarterly thru automated reports. VA will send monthly status reports to the contractor to notify them to their current performance.	Satisfactory or better past performance .	Negative Past Performance, Failure to meet VA performance measures shall result in the following deductions: 94.9% or less of new drug order requests follow GLA prescribing guidelines. A disincentive equaling 10%of the quarter's invoices when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.
<b>VESTED PATIENTS</b>	<b>4.7.8.</b>	Contractor shall maintain a specific number of vested patients in the clinic.	Contractor to maintain _1220 active vested patients in the clinic for at least three of the option years.	90% of required active vested patients in the clinic for at least three of the option years.	VA will monitor using Electronic report using data from VISTA/CPRS annually. Contractor can check the status of their performance by running reports in VISTA/CPRS as frequently as needed. VA will monitor progress annually thru automated reports.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.

TASK	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
<b>PACT PATIENTS ENROLLED IN HOME TELEHEALTH (HT) [PACT 13]</b>	4.7.9	Contractor shall maintain a specific number of vested patients enrolled in HT.	Contractor to maintain 1.6% of required vested patients in HT	1.2% of required vested patients enrolled in HT	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports.	Satisfactory or better past performance .	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.
<b>PRIMARY CARE PATIENTS IN MENTAL HEALTH INTEGRATION (PCMHI) [PACT 15]</b>	4.7.10.	Contractor reports PCMHI Penetration that uses patients assigned to a PACT team as the cohort (instead of core uniques with a primary care encounter).	Contractor to maintain 6% of required vested patients in PCMHI.	Contractor to maintain 4% of required vested patients in PCMHI.	VA will monitor using Electronic report using data from Performance Measure <b>Report:</b> T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports. Incentive: satisfactory or better past performance	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.

<b>TASK</b>	<b>PWS Reference</b>	<b>Indicator</b>	<b>Standard</b>	<b>Acceptable Quality Level</b>	<b>Method of Surveillance</b>	<b>Incentives</b>	<b>Disincentives/ (Deducts)</b>
<b>RATIO OF NON-TRADITIONAL ENCOUNTERS [PACT 16]</b>	<b>4.7.11</b>	Contractor reports the sum of all PC Telephone encounters added to the sum of all PC Group Encounters added to the sum of all incoming and outgoing secure messages as the numerator.	Contractor shall maintain at least 20% in the appropriate ratio of non-traditional encounters.	Contractor shall maintain at least 12% in the appropriate ratio of non-traditional encounters.	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports	Satisfactory or better past performance .	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.
<b>POST DISCHARGE CONTACT BY PACT TEAM [PACT 17]</b>	<b>4.7.12.</b>	Number of discharges with follow-up contact by a member of the assigned PACT Team within two business days of discharge.	Contractor assigned PACT Team member shall contact at least 75% of patients within two business days of discharge.	Contractor assigned PACT Team member shall contact at least 40% of patients within two business days of discharge.	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.
<b>PACT STAFFING RATIO [PACT 18]</b>	<b>4.7.13</b>	Percent of Divisions Meeting Staffing Ratio of 3:1 - (instead of the avg. ratio of staff per PC provider)	Contractor shall meet PACT Division Staffing Ratio of 3:1 - (instead of the avg. ratio of staff per PC provider) at least 75% of the time.	Contractor shall meet PACT Division Staffing Ratio of 3:1 - (instead of the avg. ratio of staff per PC provider) at least 50% of the time.	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.



TASK	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
<b>4.6.1. PATIENT SATISFACTION WITH ACCESS MEASURE COMPOSITE [PCMH 4; SHEP]</b>	<b>4.7.14</b>	Composite % Based on 2 Questions: Get an urgent care appointment as soon as needed, Get a routine care appointment as soon as needed	55%	53%	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports	Satisfactory or better past performance .	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.
<b>APPOINTMENT CANCELLATIONS</b>	<b>4.7.15</b>	Contractor shall not unnecessarily cancel patient appointments and will reschedule cancelled appointments in a timely manner. Any appointment cancelled needs to be rescheduled within 2 weeks. This means the patients must be seen within 2 weeks of the original cancelled appointment date.	100% of patients seen within 2 weeks of the original cancelled appointment date.	100% of patients seen within 2 weeks of the original cancelled appointment date	Random Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system. VA will monitor progress through quarterly audits using automated reports. Contractor can check the status of their performance by running reports in VISTA/CPRS system.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures shall result in the following deductions: 95%- 99.9%: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned. 90%-94.9%: A disincentive equaling 15% of that month's invoice when the AQL was not met. Past Performance Rating of Unsatisfactory may be assigned.
<b>PRIMARY CARE PROVIDER CONTINUITY</b>	<b>4.7.16</b>	Patients see same PCP for appointments	77% of appointments provided with assigned PCP	65% of appointments provided with assigned PCP	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.

## 7. Ratings:

Metrics and methods are designed to determine rating for a given standard and acceptable quality level. The following ratings shall be used:

<b>EXCEPTIONAL:</b>	<p>Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.</p> <p><b>Note:</b> To justify an <b>Exceptional</b> rating, you should identify <u>multiple</u> significant events in each category and state how it was a benefit to the GOVERNMENT. However a singular event could be of such magnitude that it alone constitutes an Exceptional rating. Also there should have been NO significant weaknesses identified.</p>
<b>VERY GOOD:</b>	<p>Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.</p> <p><b>Note:</b> To justify a <b>Very Good</b> rating, you should identify a significant event in each category and state how it was a benefit to the GOVERNMENT. Also there should have been NO significant weaknesses identified.</p>
<b>SATISFACTORY:</b>	<p>Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.</p> <p><b>Note:</b> To justify a <b>Satisfactory</b> rating, there should have been only minor problems, or major problems the contractor recovered from without impact to the contract. Also there should have been NO significant weaknesses identified.</p>
<b>MARGINAL:</b>	<p>Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.</p> <p><b>Note:</b> To justify <b>Marginal</b> performance, you should identify a significant event in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. A <b>Marginal</b> rating should be supported by referencing the management tool that notified the contractor of the contractual deficiency (e.g., Management, Quality, Safety or Environmental Deficiency Report or letter).</p>
<b>UNSATISFACTORY:</b>	<p>Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.</p> <p><b>Note:</b> To justify an <b>Unsatisfactory</b> rating, you should identify multiple significant events in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. However, a singular problem could be of such serious magnitude that it alone constitutes an unsatisfactory rating. An <b>Unsatisfactory</b> rating should be supported by referencing the management tools used to notify the contractor of the contractual deficiencies (e.g. Management, Quality, Safety or Environmental Deficiency Reports, or letters).</p>

a. The Government shall document positive and/or negative performance. Any report may become a part of the supporting documentation for any contractual action and preparing annual past performance using CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR).

b. If contractor performance does not meet the Acceptable Quality level, the CO shall inform the contractor. This will normally be in writing unless circumstances necessitate verbal communication. In any case the CO shall document the discussion and place it in the contract file. When the COR and the CO determines formal written communication is required, the COR shall prepare a Contract Discrepancy Report (CDR), and present it to CO. The CO will in turn review and will present to the contractor's program manager for corrective action.

The contractor shall acknowledge receipt of the CDR in writing. The CDR will specify if the contractor is required to prepare a corrective action plan to document how the contractor shall correct the unacceptable performance and avoid a recurrence. The CDR will also state how long after receipt the contractor has to present this corrective action plan to the CO. The Government shall review the contractor's corrective action plan to determine acceptability. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance and the acceptability of the Contractor's corrective action plan.

Any CDRs may become a part of the supporting documentation for any contractual action deemed necessary by the CO.

a. Frequency of Measurement.

The frequency of measurement is defined in the contract or otherwise in this document. The government (COR or CO) will periodically analyze whether the frequency of surveillance is appropriate for the work being performed.

b. Frequency of Performance Reporting.

The COR shall communicate with the Contractor and will provide written reports to the Contracting Officer quarterly (or as outlined in the contract or COR delegation) to review Contractor performance.

SIGNED:

COR NAME/TITLE	DATE
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SIGNED:

CONTRACTOR NAME/TITLE	DATE
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## ATTACHMENTS NEEDED PER PWS

VHA T-21 Implementation Guide Insert FY 14

Workload History/Projections

listing of specimen collection containers and laboratory test panels/profiles utilized by VA

Instructions for specimen collection, specimen processing, shipping manifest, and packaging of specimens for transport

Protocols are identified in Radiology Program Memo 132X-20

Pharmacy: limited formulary of emergent items

Sample Patient Handbook

Immigration Certification form

Organizational Conflict of Interest Memo

Workload History/Projections- Example

WORKLOAD Estimates: Enter the applicable workload data from the updated business plan. The following is an example of workload. Amend to reflect the specifics of the Outpatient Site of Care required.

As of 8/30/2010, enrollment in the current ABC County CBOC is 4,565 (fill-in). The following is a listing of estimated numbers of veterans residing in ABC, DEF, and nearby G County as of 20XX according to the following website: <http://www1.va.gov/VETDATA/Demographics/Demographics.asp>

County	Veterans
ABC, USA	13,312
DEF, USA	3,768
G, USA	18,071

All these veterans are not actually "enrolled" at VA or CBOC's but have been seen.

There are eight (8) Priority Groups to which veterans may be assigned after processing. All applications for all eight (8) groups are input into VISTA by the CBOC for reporting and accountability purposes, but those veterans in Priority Group 8, who applied after 1/17/03, are ineligible and will not receive services by the Contractor. Veterans are not "assigned" to a CBOC but may choose either to be seen at VA or to be enrolled in a CBOC. VA will notify eligible veterans about the availability of the ABC, DEF, G County CBOC and the services to be provided there. The Government estimates that each patient will make 2.06 visits per contract year to the CBOC.

The numbers of veterans residing in the counties identified above and estimated number of visits per patient per year as stated above are estimates and are to be used for information purposes only. VA in no way guarantees the accuracy of the estimates. Contractor fully understands and agrees that costs for any additional visits above the estimated average visits per unique veteran patient and all primary care services as specified in the Description/Specifications/Work Statement Section are borne by the Contractor, and are included in the capitation rates agreed to by the Contractor in the Schedule of Services and Prices/Costs section.

Patients have the right to receive primary care other than from VA or a CBOC. The VA, however, encourages patients to have only one primary care provider; and it is VA's expectation that the patient is seen at the VA CBOC at least once per twelve (12) month period, or as often as deemed clinically appropriate by the veteran's

VHAVHAVHA CBOC Primary Care Provider (for further guidance, please also refer to VHA Directive 2009-038 dated August 25, 2009 – include as hyperlink/attachment).

Statistical Information: ABC County CBOC, currently located in ABC, USA, has been in operation since September, 2003. The following is the most recent statistical information for services provided for ABC County CBOC for the period 10/1/2009-9/30/2010:

Number of Uniques, Number of Visits, and Average Number of Visits per Patient:

	ABC	DEF
Number of Visits	17,253	12,374
Uniques	4,732	2,606
Visits/Unique	3.65	4.75

Number of Visits and Uniques by month during the period 10/1/09-9/30/10:

Month	Visits	Uniques
Sep-09	1,501	1,059
Oct-09	1,357	998
Nov-09	1,230	903
Dec-09	1,220	880
Jan-10	1,292	950
Feb-10	1,169	903
Mar-10	1,753	1,245
Apr-10	1,668	1,196
May-10	1,437	1,085
Jun-10	1,549	1,115
Jul-10	1,491	1,089
Aug-10	1,586	1,145

Age and Sex Distribution during the period 10/1/090909-9/30/10:

Age Group	FEMALE	MALE	Grand Total
< 25	4	15	19
25-34	16	92	108
35-44	17	115	132
45-54	31	219	250
55-64	21	1111	1132
65-74	11	975	986
75-84	13	1413	1426
85+	10	603	613
Grand Total	123	4543	4666

15 Most Frequent ICD Diagnoses during the period 10/1/09-9/30/10

Code Description

DIAGNOSIS

V72.60 LABORATORY EXAM NOS  
401.9 HYPERTENSION NOS  
272.4 HYPERLIPIDEMIA NEC/NOS  
V70.0 ROUTINE MEDICAL EXAM  
250 DMII WO CMP NT ST UNCNTR  
278 OBESITY, UNSP  
V72.6 LABORATORY EXAMINATION  
530.81 ESOPHAGEAL REFLUX  
311 DEPRESSIVE DISORDER NEC  
600 BPH W/O URINARY OBSTRUCT  
305.1 TOBACCO USE DISORDER  
272 PURE HYPERCHOLESTEROLEM  
715.9 OSTEOARTHROS NOS-UNSPEC

Laboratory Tests:

The following laboratory tests were collected at our ABC County CBOC and performed at the VA during the period 10/1/090909-9/30/010010010:

Chemistry Panels	15,132
CBC	3,588
Coag (PT,PTT,INR)	260
Micro Cultures	156
Cytology	50
Surgical Pathology	2
Reference Lab	223
Miscellaneous Tests	12,272
Occult Blood	676
Total	32,359

The following laboratory tests were done as Point of Care Testing (POC) at our ABC County CBOC as part of the requirement described above during the period 10/1/090909-9/30/101010:

ABC CBOC	yearly volume
Whole Blood Glucose-fingerstick	100
HGBA1C-fingerstick	0 (expected volume for next year 200)
INR –fingerstick	2000
Pregnancy test-urine	25
Occult blood-stool	100
Urine Dipstick	10SG 100
Breath Alcohol	<10

X-Diagnostic Imaging Diagnostic Imaging: The following x-rays listed procedures below include MRI, CT, and other advance imaging modalities imaging procedures were performed at our ABC County CBOC and sent to the VAHC for interpretation during the period 10/1/090909-9/30/101010:

CHEST 2 VIEWS PA&LAT	56
SHOULDER 2 OR MORE VIEWS	18
SPINE LUMBOSACRAL MIN 2 VIEWS	14
FOOT 3 OR MORE VIEWS	11
MRI: LUMBAR SPINE W/O CONT	10
KNEE 2 VIEWS	9
TOE(S) 2 OR MORE VIEWS	9
HAND 3 OR MORE VIEWS	9
MAMMOGRAM SCREENING	8
#NAME?	6
ANKLE 3 OR MORE VIEWS	6
ELBOW 2 VIEWS	6
HIP 2 OR MORE VIEWS	6
WRIST 3 OR MORE VIEWS	5
CT HEAD W/O CONT	5
KNEE FLEX WB ORTHO (3 VIEWS)	5
SPINE CERVICAL MIN 4 VIEWS	4
BONE DENSITOMETRY	4

TIBIA & FIBULA 2 VIEWS	3
ECHOGRAM ABDOMEN COMPLETE	3
SPINE THORACIC 2 VIEWS	3
CT PELVIS W/CONT	3
CT THORAX W/CONT	3
MRI: BRAIN [+ BRAIN STEM] W+W/	3
HUMERUS 2 OR MORE VIEWS	2
Total	211